

CITY OF IDAHO FALLS

PLANNING AND BUILDING DIVISION

P.O. BOX 50220 Idaho Falls, ID 83405-0220 www.ci.idaho-falls.id.us

Planning Department • (208) 612-8276

FAX (208) 612-8520

Building Department • (208) 612-8287

Application for Annexation

Applicant Information			
Representing Company:			
Contact Name:		Phone:	
Address:		Fax:	
City:	State:	Zip:	
Owner Information (If other than Applicant)			
Name:		Phone:	
Address:			
City:	State:	Zip:	
Property for Consideration			
Legal Description:			
John Smith, City Surveyor for review for any necessary corrections. Upon approval by the City Surveyor the approved copy in electronic format (MS Word) must be emailed to the GIS Analyst to preines@ci.idaho-falls.id.us . If this is not done in a timely manner, it will delay legal publication and your project will be rescheduled for a future meeting.			
Proposed Zone:			
Comprehensive Land Map Use:		Gross Area (Total Acres):	
Project Name:			
Existing Property Use			
Signature of Applicant(s):			
	Date:		
	Date:		
Received By:		Date:	

(Fees are Determined by the Engineering Department)

Land Use Application '09 6/09

AFFIDAVIT OF LEGAL INTEREST

STATE OF IDAHO	
COUNTY OF BONNEVILLE ss	
I,	(Address)
	Being first duly sworn upon Oath, depose and say:
Being the owner of record of the property described	on the attached sheet, I grant permission to:
, (Name)	(Address)
To submit the following application pertaining to that Preliminary Plat Final Plat	property (check all that applies): Planned Unit Development Comprehensive Plan Map Amendment
□ Variance□ Conditional Use Permit	Annexation Rezone to
	ho Falls and its employees harmless from any claims ments contained herein or as to the ownership of the
Dated this	day of, 20
	(Signature)
SUBSCRIBED AND SWORN to before me the day a	and year first above written.
	Notary Public for Idaho
	Residing at
	My Commission Expires:

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